



Applications will be accepted  
through May 16, 2016 or until  
filled.

Hand deliver or fax to  
Rolesville Police Department  
204 Southtown Cir.  
Rolesville, NC 27571  
Phone 919.556.7226  
Fax 919.556.3728



***\*\*Camp is limited to the first  
50 applications Per Camp\*\****

# Camp C.A.R.E.

**\*Choices\*Accountability\***  
**\*Respect\*Excellence\***

**Camp 1 — June 20 thru 24**

**Camp 2 — July 25 thru 29**



## FREE CAMP

Location: Rolesville High School  
1099 E. Young St, Rolesville, NC 27571

Presented by:

**Rolesville Police Department**  
(Community Outreach Program)

**Camp Funded by Town of Rolesville  
and Wake County ABC**

**Camp C.A.R.E.**  
**Presented by:**  
**Rolesville Police**

**Camp Date** June 20-24 **or** July 25-29

**Time** 9:00-4:00 Mon-Thur, 9:00-2:00 Fri

**Location:** Rolesville High School

For kids age 9-12 by camp date

Lunch and snacks will be provided.

Please walk in with your child on first day.

Your child may bring backpack, water bottle, medicine,  
and on Friday will be a special event!

Various Activities May Include:

Tennis

Softball

Basketball

Ultimate Catch

Wiffle ball

Volleyball

Flag Football

Frisbee

Track & Field

Enrichment and Various speakers

- Police Department
- POE Health Center



**Rolesville Police Department's Summer Youth Camp Registration Form**

The camp can only accommodate the first 50 participants. Must submit application by May 16, 2016.

**Circle Camp Date—June 20 thru 24 **OR** July 25 thru 29**

Participant \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Parent/Guardian (s) \_\_\_\_\_ ☐ Boy ☐ Girl

Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Parent's Daytime # \_\_\_\_\_

Email Address \_\_\_\_\_

**Indicate T-Shirt Size (please circle)**

Youth Med (10-12) Youth Large (14-16) Adult Small Adult Med Adult Large Adult XL Adult XXL

Did your child attend Camp C.A.R.E. last year? \_\_\_\_\_

Please list names of brothers/sisters submitting registration for camp \_\_\_\_\_

Knowing the physical and health condition of my child, I give my approval of their participation in the Rolesville Police Department Summer Youth Program. I hereby assume all risks and hazards incidental to the conduct of the activities and transportation to and from such event. I also release The Town of Rolesville and Town of Rolesville Police Department from any liability during the week of Camp C.A.R.E. I understand and agree to assume full responsibility for safe and timely arrival/departure of my child. Additionally, I give the Rolesville Police Department permission to use my child's photo for marketing and/or promotional purposes.

**PLEASE BE PROMPT PICKING YOUR CHILD UP EACH DAY.**

List ALL allergies \_\_\_\_\_ List ALL medications \_\_\_\_\_

List ANY medical conditions \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_